

** REVISED **

WATER WELL REPORT
STATE OF WASHINGTONStart Date No. 207893
Water Right Permit No.

22/3E/10P

(1) OWNER Name MABANA SHORES Address 16016 A VILLAGE GREEN RD MILL CREEK 9801 WA 98012-
 (2) LOCATION OF WELL County ISLAND - SE 1/4 SW 1/4 Sec 10 T 30 N R 3E WM
 (2a) STREET ADDRESS OF WELL (or nearest address) RED WING RD

(3) PROPOSED USE MUNICIPAL

(4) TYPE OF WORK Owner's Number of well 5
 DEEPEENED (If more than one)
 Method ROTARY

(5) DIMENSIONS Diameter of well 6 inches
 Drilled 115 ft Depth of completed well 111 ft

(6) CONSTRUCTION DETAILS
 Casing installed 6 Dia from +2 ft to 98 ft
 WELDED Dia from ft to ft
 Dia from ft to ft

Perforations NO
 Type of perforator used
 SIZE of perforations in by in
 perforations from ft to ft
 perforations from ft to ft
 perforations from ft to ft

Screens YES
 There is a Manufacturer's Name HOWARD SMITH
 2'X 4" blank Type STAINLESS STEEL Model No Channel pack
 between the Dia 4 slot size 20-40 from 98 ft to 103 ft
 two screens Dia 4 slot size 10-20 from 105 ft to 110 ft

Gravel packed NO
 Gravel placed from ft to ft

Surface seal YES To what depth? 18 ft
 Material used in seal BENTONITE
 Did any strata contain unusable water? NO
 Type of water? Depth of strata ft
 Method of sealing strata off

(7) PUMP Manufacturer's Name
 Type H P

(8) WATER LEVELS Land-surface elevation
 above mean sea level ft
 Static level 87 ft below top of well Date 02/11/93
 Artesian Pressure lbs per square inch Date
 Artesian water controlled by

(9) WELL TESTS Drawdown is amount water level is lowered below
 static level
 Was a pump test made? NO If yes by whom?
 Yield gal/min with ft drawdown after hrs

Recovery data
 Time Water Level Time Water Level Time Water Level

Date of test 1/1
 Bailer test 15 gal/min 9 ft drawdown after 1 hrs
 Air test gal/min w/ stem set at ft for hrs
 Artesian flow g p m Date
 Temperature of water Was a chemical analysis made? NO

(10) WELL LOG

Formation Describe by color character size of material
 and structure and show thickness of aquifers and the kind
 and nature of the material in each stratum penetrated with
 at least one entry for each change in formation

MATERIAL	FROM	TO
TOPSOIL	0	1
BROWN SAND & GRAVEL	1	55
BROWN GRAVEL & SAND	55	56
BROWN SAND & GRAVEL	56	68
BROWN SILT SAND & WATER	68	98
BROWN SAND CLAY & WATER	98	104
GRAY CLAY	104	105
GRAY SILT SAND & CLAY	105	109
GRAY SILT SAND MUD	109	113
- SEEPAGE	109	113
GRAY CLAY	113	

ORIGINAL Log
 has wrong sec.
 Find it and
 attach this
 one to it

Work started 02/10/93 Completed 02/11/93

WELL CONSTRUCTOR CERTIFICATION

I constructed and/or accept responsibility for con-
 struction of this well and its compliance with all
 Washington well construction standards Materials used
 and the information reported above are true to my best
 knowledge and belief

NAME HAYES DRILLING, INC
 (Person firm, or corporation) (Type or print)

ADDRESS 556 ERSNIG RD BOM, WA

[SIGNED] B. W. Hayes License No 1825

Contractor's
 Registration No HAYESD1106J5 Date 02/22/93

WELL SITE MEETS ALL SIGHTING CRITERIA UNDER I.C.C. 8.09 BASED ON 2909
 INFORMATION SUPPLIED BY THE OWNER OR OWNER'S AUTHORIZED REPRESENTATIVE.



Well Tagging Form

Unique Well Tag No: AGA082

RECORD VERIFICATION (check one)

- ☐ Well Report available (please attach this form to the well report and submit it to the Ecology Regional Office near you)
- ☐ Verification inconclusive See #4
- ☐ Well Report not available

WELL OWNERSHIP, IF DIFFERENT FROM WELL REPORT

First Name MABANA 49606 Last Name _____

Street Address _____

City _____ State _____

LOCATION OF WELL, IF DIFFERENT FROM WELL REPORT

Well Address PARK @ 3185 RICE CT.

City _____ County _____

T _____ N R _____ W M Sec _____ 1/4 of the _____

FOR AGENCY USE ONLY

Latitude _____

Longitude _____

Elevation at land surface _____ feet/meters (circle one)

Additional information, if available

☐ Location marked on topographic map (please attach)

☐ Location marked on air photo (please attach)

- ☐ GPS
- ☐ Topographic Map
- ☐ Survey
- ☐ Computer generated
- ☐ Digital Altimeter
- ☐ Topographic Map
- ☐ Other _____

The Department of Ecology does NOT Warranty the Data and/or the Information on this Well Report.

FOR AGENCY USE ONLY

WELL CHARACTERISTICS

Physical Description of well (size or casing type or well housing etc)

Exposed 6' head Farthest from PH (Tan w/green trim)
site in mid-park at address

Location or Well Identification Tag

Long

Supplemental tag needed for ease of identifying well?

☐

Yes

☒

No

Where was tag placed?

Scale 1 24 000 (1' = 2 000')

Indicate the location of the well within the Section by drawing a dot at that point.

SECTION _____

C	B	A
F	G	H
L	K	J
P	Q	R

REMARKS

FOR ECOLOGY WATER RESOURCES PROGRAM ONLY

Right # _____

Date Issued _____

One

Application

Permit

Certificate

Claim

Exempt